

Student ID:		Applicant Information:	
SSN:	Name:	Birth Date:	Sex:
Address:			
Counselor Office Information: Name: Address:			
Institution Information:			
Institution Name:			
Address:		Phone:	
Contact Name:		Title:	
Information of Person or agency to whom the applicant was released: Name: Address:			
Phone:			
The following information is to be completed by the Court, Supervising Agency, or Authorized Person:			
Date applicant first entered the jurisdiction:		Date applicant was/will be released from jurisdiction:	
Describe the reason the applicant was institutionalized:			
Describe the applicant's adjustment while institutionalized:			
Describe any aspects of the applicant's background, personality, or behavior which the Job Corps should know about:			
Describe any difficulties the applicant might have in adjusting to the Job Corps:			
Can the applicant be expected to:			
Live and work well with others?	Respond to discipline?	Benefit from Job Corps?	
Behave properly in the community?	Not prevent others from benefiting from the program?		

Signature of Point of Contact

Date